

## DEPARTMENT OF SOCIAL SERVICES

744 P Street, M.S. 19-31

Sacramento, CA 95814

(916) 323-0592



February 10, 1983

ALL COUNTY INFORMATION NOTICE NO. 1-20-83

TO: ALL PUBLIC AND PRIVATE ADOPTION AGENCIES

SUBJECT: Waiver of Rights to Confidentiality of Adoption Records - AD 904

Attached is a copy of the waiver form (WAIVER OF RIGHTS TO CONFIDENTIALITY OF ADOPTION RECORDS-AD 904) to be used to carry out the provisions of Chapter 990, Statutes of 1982 (AB 3040) which was previously described in the All County Information Notice I-148-82, November 5, 1982. The law allows the Department of Social Services or any licensed adoption agency to accept waivers of rights to confidentiality of adoption records from an adult adoptee, the birth parent, and any living parent in order to arrange contact among these persons if each has filed a waiver with the Department or licensed adoption agency.

Agencies may make photocopies of the attached form until a supply of forms can be obtained from the Department of Social Services Warehouse. The forms will be available approximately March 1, 1983, and you will be notified when they may be ordered.

Sincerely,

CLAUDE FINN

Deputy Director

Adult and Family Services Division

cc: CWDA

Attachment

## Distribution Instructions:

Original: Agency/Department

Copy: Person Signing

**WAIVER OF RIGHTS TO CONFIDENTIALITY  
- ADOPTION RECORDS****PLEASE NOTE:**

*This form must be witnessed by the Department or a licensed adoption agency representative or notarized. If the signing of this form is witnessed by the Department or an agency representative, some form of identification of the person signing must be obtained and noted on this form.*

AGENCY CASE NUMBER

STATE CASE NUMBER

DESIGNATE ONE:

- ☐ Birth Parent  
☐ Adult Adoptee  
☐ Adoptive Parent(s)

**PART A. To be completed by person signing waiver.**

By signing this form, I voluntarily and knowingly waive my rights to the confidentiality of adoption records maintained by the State Department of Social Services or licensed adoption agency for the sole purpose of allowing the Department or licensed adoption agency to arrange for contact with the following persons as designated:

- ☐ The Birth Parent      ☐ The Adoptee      ☐ The Adoptive Parent(s)

I realize that all of the designated persons, i.e., the birth parent, the adult adoptee, and the adoptive parent(s) (if living) must sign a waiver before the agency may arrange for contact among these persons, and that signing this waiver does not necessarily insure that a contact can be arranged. I understand that the law prohibits the Department or licensed adoption agency from soliciting, directly or indirectly, the execution of such a waiver.

I understand that I should keep the adoption agency informed of my correct name and address. If I decide to rescind this waiver, I will notify the Department or adoption agency in writing.

SIGNATURE				DATE
STREET ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER
OTHER NAME(S) BY WHICH I HAVE BEEN KNOWN				IDENTIFICATION (SPECIFY, I.E., DRIVER'S LICENSE, PASSPORT, ETC.) (COMPLETE THIS ITEM IF PART B. IS COMPLETED.)

**PART B. To be completed by licensed adoption agency representative. If Part B. is completed, do not complete Part C.**

SIGNATURE OF ADOPTION AGENCY REPRESENTATIVE	DATE	TELEPHONE NUMBER
AGENCY DEPARTMENT NAME	ADDRESS	

**PART C. To be completed by a Notary Public only if Part B. is not completed.**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

Before me, \_\_\_\_\_, a Notary Public in and for said County and

State, personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the within instrument, and acknowledged that he/she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_.

(Affix Notarial Seal)

Notary Public in and for the County of \_\_\_\_\_

State of \_\_\_\_\_

My commission expires \_\_\_\_\_